

01/12/2006 16:12 FAX 13124635001

BANNER & WITCOFF

003/003

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571) 273-2885

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22907 7590 10/13/2005

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Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

01/13/2006 MAHHE2 00000076 190733 10099785

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FC:1504 300.00 DA FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10099,785

03/15/2002

Steven M. Goetz

11738.00157

4871

TITLE OF INVENTION: TELEMETRY MODULE WITH CONFIGURABLE PHYSICAL LAYER FOR USE WITH AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WONG, ALBERT KANG	2635	340-870180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
 2. Banner & Witcoff, Ltd.
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group or entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Five (5)

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.7(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name Binal J. PatelRegistration No. 42,065

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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INTELLECTUAL PROPERTY LAW

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FACSIMILE TRANSMITTAL SHEET

TO: Commissioner of Patents MAIL STOP ISSUE FEE	FROM: Binal J. Patel
COMPANY:	DATE: January 12, 2006
FAX NO.: 571-273-2885	TOTAL NO. OF PAGES: (Including cover sheet) 3
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.: 011738.00057

RE: Payment of Issue Fee for Application No. 10/099,785
"Telemetry Module With Configurable Physical Layer For Use With An Implantable Medical Device"
Inventor: Goetz
Medtronic Reference p-10286.00

If you do not receive all page(s) or have any problems receiving this transmission, please call:

NAME: Kathy Kessling	PHONE: 312-463-5505
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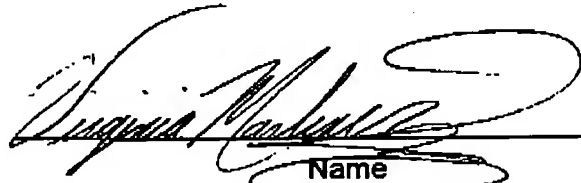
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I hereby certify that this correspondence is being facsimile transmitted to facsimile number (571) 273-2885 at the U.S. Patent and Trademark Office on January 12, 2006.


Name

Re: U.S. Patent Application Serial No. 10/099,785
"Telemetry Module With Configurable Physical Layer For Use With An Implantable Medical Device"
Inventor: Goetz
Our Case No. 011738.00057

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fax Cover Sheet (1 page)
Part B – Fee(s) Transmittal (1 page) in duplicate

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